PART B - FEE(S) TRANSMITTAL

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| (Depositor's name) | MICHAEL RUASA |
|--------------------|---------------|
| (Signature) | Michaelkuss |
| (Date) | JULY 7, 2003 |
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| L POLICA TION NO | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|------------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FIEING DATE | | S004-4144 (PC | 5955 |
| . 09/700,640 | 12/29/2000 | Akira Yamauchi | 3004-4141 (1.0 | |
| . 05//00,010 | | HOE AND VACHUM DUMP | | |

TITLE OF INVENTION: MAGNETIC BEARING DEVICE AND VACUUM PUM

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| WAKS, Jo | OSEPH | 2834 | 310-090500 | | | | | |
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| PTO/SB/47; Rev 03-02 Number is required. | or more recent) attached | Address" Indication form registered patent attorneys or agents. If no name is listed, no name will be printed. 3 | | | | | | |
| 3. ASSIGNEE NAME ANI | D RESIDENCE DATA T | O BE PRINTED ON THE | PATENT (print or type |) | C Jako io | only appropris | ote when an assignment ha | ıs |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE FATERY (plant of type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| Seiko Inst | ruments Inc | • | Jap | an | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent) | | | | | | | | |
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DITIONAL ENCLOSURES

TRANSMITTAL LETTER (WITH MAILING CERTIFICATE) and TWO SHEETS OF FORMAL DRAWINGS CONTAINING THEREON FIGS.4 and 5

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